

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	22/12/2022 12:21 (SGT)
Reported by	Driver
Date of Accident	21/12/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC438M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No	2XXXXX962N
Email Address	charlottevehicles@gmail.com
Mobile Phone No	(Phone) +65-96971707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00017352200

DRIVER

Name of Driver	TAN GUAN HUA CHARLENE
NRIC No	SXXXX441F
Date Of Birth	15/10/1993
Occupation	Indoor

Date Of Driving Pass	09/10/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96907540
Alt. Phone Number	-
Email Address	charlottevehicles@gmail.com
Address	APT BLK 516 HOUGANG AVENUE 10
Address complement	# 07-201
Postcode	530516
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHEUNG GUO XIANG EUGENE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20221221/7072

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9278B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SUN JIANG
Work Permit No	0XXXX8889
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN GUAN HUA CHARLENE
Gender	Female
Phone No	(Phone) +65-96907540
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON RIGHT HAND, WRIST, AND SHOULDER PLUS DIAGNOSED WITH MUSCULOSKELETAL ACHE ON NECK.
Injured person in which vehicle?	SLC438M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEUNG GUO XIANG EUGENE
Gender	Male
Phone No	(Phone) +65-96907540
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DIAGNOSED WITH MUSCULOSKELETAL ACHES IN THE NECK AND BACK
Injured person in which vehicle?	SLC438M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



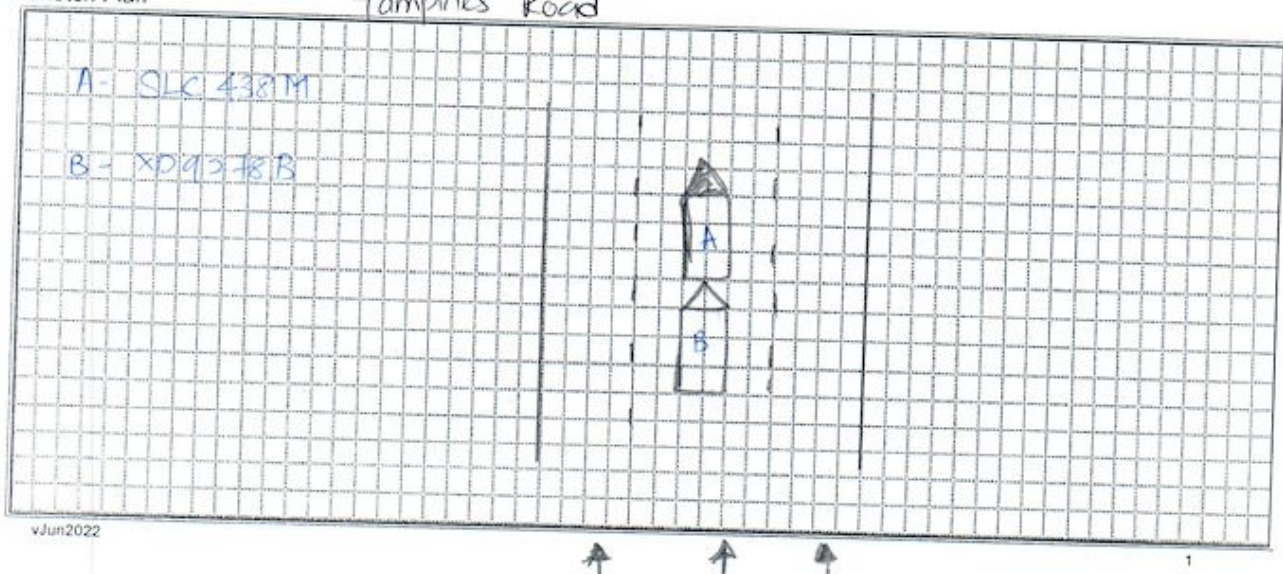
Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Tampines Road



vJun2022

Describe Circumstance of the Accident

- Please refer to the attached Police Report - T/20221221/7072

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by/Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221221/7072

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Report No. T/20221221/7072

CONTINUATION OF REPORT

Brief Details.

Yes, have post-accident and pre-accident pictures and videos exceeding 2MB.

My wife, Tan Guan Hua Charlene (S9340441F), was driving (SLC438M) and I (S9319703H) was sitting in the front passenger seat. We were on our way back home driving along Tampines Rd heading towards Kovan direction on the middle lane at around 17.55pm when a Chuan Lim Construction Pte Ltd company truck (XD9278B) driven by Sun Jiang (S Pass No: 0 78168889) crashed into our rear. We immediately stopped the car and got out of the car to check the damage done to my car. Sun Jiang immediately reversed the truck a little of around 1m before he stopped and got out of the truck.

After taking photos and exchanging particulars with Sun Jiang, he offered private settlement to repair the car damage. However, as the car was a rental car, we did not agree to the private settlement as we wanted to be certain we will not get penalized by the rental company. As we determined that we were not seriously injured and we were able to proceed to drive off without the need of an ambulance or calling a police officer on scene.

However, after reaching home, my wife and I both experienced severe aches and soreness in our necks, upper and lower backs, and upper and lower arms. Therefore, we proceeded to Mount Alvernia Hospital A&E for an assessment.

I was diagnosed with musculoskeletal ache on my neck and back, and the doctor gave me 3 days medical leave.

My wife experienced pain on right hand, wrist, and shoulder as she holding on to the steering wheel at the point of impact. The doctor sent her for x-ray tests to be done on her shoulder and wrist. Fortunately, there were no fractures. My wife was similarly diagnosed with musculoskeletal ache on her neck, shoulders, and back, and she was also given 3 days medical leave.





























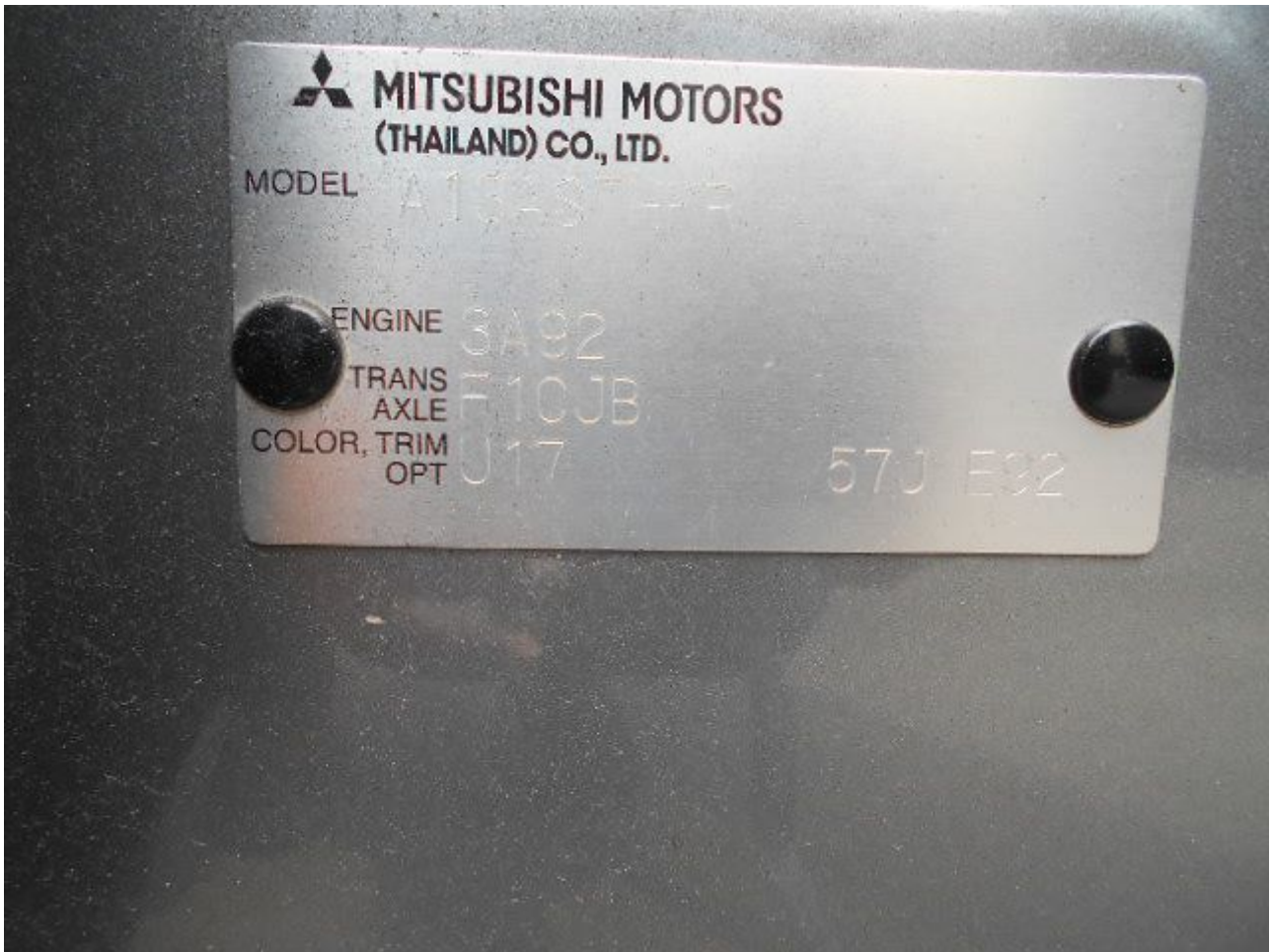















**SINGAPORE
POLICE FORCE**


T/20221221/7072

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221221/7072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2022 23:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEUNG GUO XIANG, EUGENE			Address: 516 HOUGANG AVENUE 10 #07-201 SINGAPORE 530516		
ID Type / ID No.: NRIC NO / S9319703H			Contact No.: Home/Office: Mobile: 96907540		
Nationality: SINGAPORE CITIZEN			Email: CHEUNG GX@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 31/05/1993	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2022 17:50	Type of Location: Straight Road
Location: DEFU LANE 1				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC438M	Car	MITSUBISHI	ATTRAGE	Silver	Slightly Damaged	2
XD9278B	Lorry	VOLVO		Red	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221221/7072

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221221/7072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC438M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00017352200	06/10/2022	18/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHEUNG GUO XIANG, EUGENE	ID No.	S9319703H
Related Vehicle	SLC438M (Car)	Contact No.	96907540
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	21/12/2022	Date	21/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	TAN GUAN HUA CHARLENE	ID No.	S9340441F
Related Vehicle	SLC438M (Car)	Contact No.	94350556
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	21/12/2022	Date	21/12/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	SUN JIANG	ID No.	078168889
Related Vehicle	XD9278B (Lorry)	Contact No.	84291236
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865
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T/20221221/7072

3 of 4

Report No. T/20221221/7072

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221221/7072

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Report No. T/20221221/7072

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/12/2022 23:19

Classification Of Case:





DIAGNOSTIC IMAGING DEPARTMENT

820 Thomson Road Singapore 574623 Tel: 6347 6200 Fax: 6254 5465

DBS
MOUNT ALVERNIA HOSPITAL
820 THOMSON ROAD
SINGAPORE 574623

SALE

DATE/TIME: 21DEC22 21:43
ID: 40000074 MID: 168168013951
INVOICE#: 132156 BATCH#: 006366
VISA EXPIRY XX/XX
XXXX XXXX XXXX 1737
APPR CODE: 078307 HOST: DBS
PAYWAVE RRN: 235513070174
TC: 2E907A964096545 AID: A0000000031010
DBS VISA TVR: 0000000000

TOTAL SGD 110.51
NO SIGNATURE REQUIRED

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUING AGREEMENT
*** CUSTOMER COPY ***



820 THOMSON ROAD, SINGAPORE 574623
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg
GST REGN NO: M4-0003321-8

UNG GUO XIANG,

Receipt No. : 220146293
Date : 21/12/2022
Page : 1 of 1

19703H
0738029

ORPH35)

ING SERVICE

N FEE

75MG

Qty	UOM	Amount (\$)
20	EA	7.80
1	EA	6.68
1	EA	23.00
1	EA	52.00
10	EA	13.80
		103.28
		7.23
		110.51

GST @ 7%

Paid:

VISA BY CHEUNG GUO XIANG, EUGENE

Mode of Payment : VISA

Reference No. : ---

This is a computer generated official receipt, no signature is required.

OUTPATIENT DEPARTMENT